

**IN THE UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

In re:

Chapter 11

GLOBAL WOUND CARE MEDICAL GROUP, a  
Professional Corporation,<sup>1</sup>

Case No. 24-34908 (CML)

Debtor and Debtor in Possession.

**STATEMENT OF FINANCIAL AFFAIRS FOR  
GLOBAL WOUND CARE MEDICAL GROUP,  
A PROFESSIONAL CORPORATION (Case No. 24-34908 CML)**

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<sup>1</sup> The last four digits of the Debtor's tax identification number in the jurisdiction in which it operates is 3572.

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In re:

GLOBAL WOUND CARE MEDICAL GROUP, a  
Professional Corporation,<sup>1</sup>

Debtor and Debtor in Possession.

Chapter 11

Case No. 24-34908 (CML)

**GENERAL GLOBAL NOTES AND STATEMENT OF LIMITATIONS,  
METHODOLOGY AND DISCLAIMERS REGARDING THE DEBTOR'S SCHEDULES  
OF ASSETS AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

On October 21, 2024 (the “Petition Date”), Global Wound Care Medical Group, a Professional Corporation, the debtor and debtor in possession (the “Debtor”) in the above-captioned chapter 11 case (the “Chapter 11 Case”), filed a voluntary petition under chapter 11 of title 11 of the United States Code (the “Bankruptcy Code”).<sup>2</sup> The Debtor continues to operate its business as a debtor and debtor in possession, pursuant to §§ 1107(a) and 1108. The Chapter 11 Case is pending in the United States Bankruptcy Court for the Southern District of Texas (the “Bankruptcy Court”).

The Schedules of Assets and Liabilities (the “Schedules”) and the Statements of Financial Affairs (the “SOFAs”) filed by the Debtor in the Bankruptcy Court were prepared, pursuant to § 521 and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “Bankruptcy Rules”), by the Debtor’s management, with the assistance of its advisors and professionals, with unaudited information available as of the Petition Date. The Schedules and SOFAs do not purport to

<sup>1</sup> The last four digits of the Debtor’s tax identification number in the jurisdiction in which it operates is 3572.

<sup>2</sup> All references to “sections” or “§” herein are to sections of the United States Bankruptcy Code, 11 U.S.C. §§ 101-1532.

represent financial statements prepared in accordance with generally accepted accounting principles in the United States (“GAAP”), and they are not intended to be fully reconciled to the Debtor’s financial statements.

The Schedules and SOFAs have been signed by an authorized representative of the Debtor. In reviewing and signing the Schedules and SOFAs, this representative relied upon the efforts, statements and representations of the Debtor’s personnel and its advisors and professionals. This authorized representative has not (and could not have) personally verified the accuracy of each such statement and representation, including, for example, statements and representations concerning amounts owed to creditors and their addresses.

These General Global Notes and Statement of Limitations, Methodology and Disclaimer Regarding Debtor’s Schedules of Assets and Liabilities and Statement of Financial Affairs (the “General Notes”) are incorporated by reference in, and comprise an integral part of, the Debtor’s Schedules and SOFAs, and should be referred to and reviewed in connection with any review of the Schedules and SOFAs.

## I.

### **GENERAL NOTES**

1. **Reservation of Rights.** The Debtor’s Chapter 11 Case is large and complex. Although management of the Debtor, with the assistance of its advisors and professionals, have made every reasonable effort to ensure that the Schedules and SOFAs are as accurate and complete as possible, based on the information that was available to them at the time of preparation, subsequent information or discovery may result in material changes to these Schedules and SOFAs, and inadvertent errors or omissions may have occurred. Because the Schedules and

SOFAs contain unaudited information, which is subject to further review, verification, and potential adjustment, these Schedules and SOFAs may be inaccurate and/or incomplete.

2. **No Waiver.** Nothing contained in the Schedules and SOFAs or these General Notes shall constitute an admission or a waiver of the Debtor's right to assert any claims or defenses. For the avoidance of doubt, listing a claim on Schedule D as "secured," on Schedule E/F as "priority," on Schedule E/F as "unsecured nonpriority," or listing a contract or lease on Schedule G as "executory" or "unexpired," does not constitute an admission by the Debtor of the legal rights of the claimant, or a waiver of the Debtor's right to recharacterize or reclassify such claim or contract. Any failure to designate a claim on the Debtor's Schedules and SOFAs as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtor that such amount is not "disputed," "contingent" or "unliquidated." The Debtor reserves all of its rights to dispute, or to assert offsets or defenses to, any claim reflected on the Schedules and SOFAs as to amount, liability, priority, secured or unsecured status, classification or any other grounds or to otherwise subsequently designate any claim as "contingent," "unliquidated" or "disputed." The Debtor reserves all of its rights to amend its Schedules and SOFAs as necessary and appropriate, including, but not limited to, with respect to claim description and designation.

3. **Reporting Date.** The asset information provided herein, except as otherwise noted, represents the asset data of the Debtor as of October 21, 2024, and the liability information provided herein, except as otherwise noted, represents the liability data of the Debtor as of October 21, 2024.

4. **Confidentiality.** Specific disclosure of certain claims, names, addresses or amounts may be subject to certain disclosure restrictions contained in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), or otherwise, and in any event, are of a particularly

personal and private nature. To the extent the Debtor believes a claim, name, address, or amount falls under the purview of HIPAA or includes information that is personal or private in nature, such claims, name, address, or amount (as applicable) are not included in these Schedules and SOFAs.

**5. Estimates and Assumptions.** The preparation of the Schedules and SOFAs required the Debtor to make estimates and assumptions that affected the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities and the reported amounts of revenue and expense. Actual results could differ materially from these estimates.

**6. Asset Presentation and Valuation.** The Debtor does not have current market valuations for all of its assets. It would be prohibitively expensive, unduly burdensome and an inefficient use of estate resources for the Debtor to obtain current market valuations for all of its assets. Wherever possible, unless otherwise indicated, book values are as of the October 21, 2024, inclusive of any applicable depreciation. When necessary, the Debtor has indicated that the value of certain assets is “Unknown” or “Undetermined.” Amounts ultimately realized may vary from whatever value was ascribed and such variance may be material. Accordingly, the Debtor reserves all of its rights to amend, supplement, or adjust the value of each asset set forth herein. Also, goods received by the Debtor within 20 days of the Petition Date are subject to use and depletion and may not have been on hand on the Petition Date.

**7. Liabilities.** Certain of the liabilities are scheduled unknown, contingent and/or unliquidated at this time. Accordingly, the Schedules and the SOFAs do not accurately reflect the aggregate amount of the Debtor’s total liabilities.

**8. Recharacterization.** The Debtor has made reasonable efforts to characterize, classify, categorize, or designate the claims, assets, executory contracts, unexpired leases, and

other items reported in the Schedules and SOFAs correctly. Due to the complexity and size of the Debtor's business, however, the Debtor may have improperly characterized, classified, categorized, or designated certain items. Further, the designation of a category is not meant to be wholly inclusive or descriptive of the rights or obligations represented by such item.

**9. Undetermined or Unknown Amounts.** The description of an amount as "Undetermined" or "Unknown" is not intended to reflect upon the materiality of such amount. Certain amounts may be clarified over the period of the bankruptcy proceedings and certain amounts may depend on contractual obligations to be assumed or rejected as part of a sale in a bankruptcy proceeding under § 363.

**10. Bankruptcy Court First-Day Orders.** The Bankruptcy Court has entered certain orders (the "Orders") authorizing the Debtor to pay various outstanding prepetition claims, including, but not limited to, payments relating to employee compensation and benefits. In general, claims paid pursuant to the Orders are not reflected in the Schedules and SOFAs.

**11. Contingent Assets and Causes of Action.** Despite its reasonable efforts to identify all known assets, the Debtor may not have listed all of its causes of action or potential causes of action against third parties as assets in its Schedules and SOFAs, including, but not limited to, avoidance actions arising under chapter 5 of the Bankruptcy Code and actions under other relevant non-bankruptcy laws to recover assets. The Debtor reserves all of its rights with respect to any claims, causes of action, or avoidance actions it may have, and neither these General Notes nor the Schedules and SOFAs shall be deemed a waiver of any such claims, causes of actions, or avoidance actions or in any way prejudice or impair the assertion of such claims. The value of any claim against a collection party is an estimate and held by the Debtor.

Additionally, prior to the Petition Date, the Debtor, as plaintiff, may have commenced various lawsuits in the ordinary course of its business against third parties seeking monetary damages for business-related losses and/or other forms of relief. Refer to each SOFA Question No. 7, for lawsuits commenced prior to the relevant Petition Date in which the Debtor was a plaintiff.

**12. Unknown Addresses.** The Debtor has made and continue to make its best efforts to collect all addresses for all parties in interest; not all addresses for parties on these Schedules and SOFAs have been obtained. The Debtor continues to pursue complete notice information and will provide updated information as reasonably practicable.

**13. General Conventions Relating to the Schedules.** The Debtor adopted the following conventions in connection with the preparation of the Schedules:

- a. Schedule A/B. The Debtor's assets on Schedule A/B are listed at book value based on the Debtor's reasonable best efforts as of October 21, 2024, and may not necessarily reflect the market or recoverable value of these assets as of the Petition Date. As such, the balances presented in Schedule A/B are subject to further revision and change.
- b. Schedule E/F. The Debtor has made reasonable efforts to report all priority and general unsecured claims against the Debtor on Schedule E/F based on the Debtor's books and records as of the Petition Date. The claims listed on Schedule E/F arose or were incurred on various dates. In certain instances, the date on which a claim arose may be unknown or subject to dispute. Although reasonable efforts have been made to determine the date upon which claims listed on Schedule E/F were incurred or arose, fixing that date for each claim on Schedule E/F would be unduly burdensome and cost prohibitive and, therefore, the Debtor has not listed a date for each claim listed on Schedule E/F.

Certain tax claims are, or may in the future be, subject to audit, and the Debtor is unable to determine with certainty the amount of certain tax claims listed on Schedule E/F. Therefore, the Debtor has listed such claims as "Undetermined" in amount, pending final resolution of any ongoing or future audits or outstanding issues. In addition, there may be other contingent, unliquidated claims from state and local taxing authorities, not all of which are listed.

The listing of any priority claim on Schedule E/F does not constitute an admission by the Debtor that such claim is entitled to priority treatment

under § 507. The Debtor reserves the right to take the position that any claim listed on Schedule E/F is not entitled to priority.

Schedule E/F also contains the information available to the Debtor as of the Petition Date regarding pending litigation involving the Debtor. The inclusion of any legal action in the Schedules and SOFAs does not constitute an admission by the Debtor of any liability, the validity of any litigation, the amount of any potential claim that may result with respect to any legal action, or the amount and treatment of any potential claim resulting from any legal action currently pending or that may arise in the future.

Schedule E/F does not include certain deferred liabilities, accruals, or general reserves. Such amounts are general estimates and do not represent specific claims as of the Petition Date for the Debtor.

In the ordinary course of business, the Debtor generally receives invoices for goods and services after the delivery of such goods or services. As of the filing of the Schedules and SOFA, the Debtor has not received all invoices for payables, expenses, or liabilities that may have accrued before the Petition Date. Accordingly, the information contained in Schedules E/F may be incomplete. The Debtor reserves the right, but is not required, to amend Schedule E/F if and as it receives such invoices. The claims of individual creditors are generally listed at the amounts recorded on the Debtor's books and records and may not reflect credits or allowances due from the creditor. The Debtor reserves all of its rights concerning credits or allowances.

- c. Schedule G. While reasonable efforts have been made to ensure the accuracy of the Schedule of Executory Contracts and Unexpired Leases, inadvertent errors or omissions may have occurred. The Debtor hereby reserves all of its rights to dispute the validity, status or enforceability of any contract, agreement or lease set forth on Schedule G and to amend or supplement such Schedule as necessary. The contracts, agreements and leases listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letter and other documents, instruments and agreements which may not be listed therein. Certain of the executory agreements may not have been memorialized and could be subject to dispute. The Debtor reserves all of its rights, claims and causes of action with respect to the contracts and agreements listed on these Schedules and SOFAs, including the right to dispute or challenge the characterization or the structure of any transaction, document or instrument.

### III.

#### SCHEDULES AND SOFAs

14. Further notes regarding specific Schedules and SOFA questions:

- Wound Pros Management Group, Inc., a Management Services Organization (the “MSO”), provides the Debtor with certain non-clinical administrative and management services pursuant to a Management Services Agreement.
- **Schedule H.** American Wound Care Partners is a co-lessee with the Debtor related to office space located at 455 Rast Street, Suite D, Sumter, SC 29150.
- **SOFA Question No. 7.** – Investigations made in the ordinary course of the Debtor’s business (e.g., billing investigations) are not reflected in response to SOFA No. 7.
- **SOFA Question No. 11.** – SOFA No. 11 reflects two payments from the MSO to Ankura Consulting Group: (i) \$150,000 on October 17, 2024, and (ii) \$50,000 on October 18, 2024. The Debtor reimbursed the MSO for the \$150,000 payment, as reflected in SOFA No. 3. SOFA No. 11 also reflects two payments to Dentons US LLP: (i) \$250,000 on September 30, 2024, and (ii) \$250,000 on October 11, 2024. The Debtor reimbursed the MSO for both of these payments, as reflected in SOFA No. 3.

### IV.

#### CONCLUSION

15. **Limitation of Liability.** The Debtor and its officers, employees, agents, attorneys, and financial advisors do not guarantee or warrant the accuracy or completeness of the data that is provided herein and shall not be liable for any loss or injury arising out of or caused, in whole or in part, by the acts, errors, or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating, or delivering the information contained herein. The Debtor and its officers, employees, agents, attorneys, and financial advisors expressly do not undertake any obligation to update, modify, revise, or re-categorize the information provided herein or to notify any third party should the information be updated, modified, revised or recategorized. In no event shall the Debtor or its officers, employees, agents, attorneys, and

financial advisors be liable to any third party for any direct, indirect, incidental, consequential, or special damages (including, but not limited to, damages arising from the disallowance of a potential claim against the Debtor or damages to business reputation, lost business, or lost profits), whether foreseeable or not and however caused.

Dated: December 4, 2024

DENTONS US LLP

By: /s/ Samuel R. Maizel

Samuel R. Maizel  
Tania M. Moyron

Attorneys for Chapter 11 Debtor and Debtor in Possession

**Fill in this information to identify the case:**

Debtor Name: In re : Global Wound Care Medical Group, a Professional Corporation  
 United States Bankruptcy Court for the: Southern District Of Texas  
 Case number (if known): 24-34908 (CML)

Check if this is an amended filing

**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/22**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year	Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
<b>From the beginning of the fiscal year to filing date:</b> From 1/1/2024 _____ MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ 675,634,119.57
<b>For prior year:</b> From 4/1/2023 _____ MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ 350,467,493.23
<b>For the year before that:</b> From _____ MM / DD / YYYY	<input type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ None

Name

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. Non-business income may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

		Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
<b>From the beginning of the fiscal year to filing date:</b>	From _____ MM / DD / YYYY	to Filing date _____	\$ _____
<b>For prior year:</b>	From _____ MM / DD / YYYY	to _____ MM / DD / YYYY	\$ _____
<b>For the year before that:</b>	From _____ MM / DD / YYYY	to _____ MM / DD / YYYY	\$ _____

Name

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers-including expense reimbursements-to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575 . (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

 None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1 See SOFA 3 Attachment Creditor's Name		\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
Street			
City	State	ZIP Code	
Country			

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

 None

Insider's Name and Address	Dates	Total amount or value	Reason for payment or transfer
4.1 See SOFA 4 Attachment Insider's Name		\$ _____	
Street			
City	State	ZIP Code	
Country			
Relationship to Debtor			

Name

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's Name and Address	Description of the Property	Date	Value of property
5.1 Creditor's Name			\$ _____
Street			
_____			
City	State	ZIP Code	
_____			
Country			

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's Name and Address	Description of the action creditor took	Date action was taken	Amount
6.1 Creditor's Name			\$ _____
Street			
_____	Last 4 digits of account number: XXXX-	_____	
City	State	ZIP Code	
_____			
Country			

Name

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1 N/A	Payment Suspension	Qlarant Integrity Solutions, LLC Name 28464 Marlboro Ave Street	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
<b>Case number</b>		Easton MD 21601 City State ZIP Code	
PSP-240625-00002			Country
United States v. Wound Pros Mgmt. 7.2 Gp., Inc., et al.			<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Enforcement of Civil Investigative Demand			Eastern District of California Name 501 I St., #4200 Street
<b>Case number</b>		Sacramento CA 95814 City State ZIP Code	
2:24-mc-00263-DAD-CKD			Country

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Custodian's name and address	Description of the Property	Value
8.1 Custodian's name Street		\$ Court name and address Name Street City State ZIP Code
<b>Case title</b>		
<b>Case number</b>		
Country		Date of order or assignment City State ZIP Code Country

Debtor: Global Wound Care Medical Group, a Professional Corporation

Case number *(if known)*: 24-34908

Name \_\_\_\_\_

#### **Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
Creditor's Name		\$ _____	
Street			
City	State	ZIP Code	
Country			
Recipient's relationship to debtor			

Name

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.** None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
10.1		\$	

Name

## Part 6: Certain Payments or Transfers

## 11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1 Ankura Consulting Group		10/17/2024	\$ 150,000.00
<b>Address</b>			
485 Lexington Avenue, 10th Floor			
Street			
New York                    NY                    10303			
City                        State                    ZIP Code			
Country			
<b>Email or website address</b>			
ankura.com			
<b>Who made the payment, if not debtor?</b>			
Wound Pros Management Group, Inc.			
11.2 Ankura Consulting Group		10/18/2024	\$ 50,000.00
<b>Address</b>			
485 Lexington Avenue, 10th Floor			
Street			
New York                    NY                    10303			
City                        State                    ZIP Code			
Country			
<b>Email or website address</b>			
ankura.com			
<b>Who made the payment, if not debtor?</b>			
Wound Pros Management Group, Inc.			

Name

11.3 Dentons US LLP

9/30/2024

\$

250,000.00

**Address**

233 S Wacker Drive, Suite 5900

Street

Chicago	IL	60606
City	State	ZIP Code

Country

**Email or website address**

dentons.com

**Who made the payment, if not debtor?**

Wound Pros Management Group, Inc.

11.4 Dentons US LLP

10/11/2024

\$

250,000.00

**Address**

233 S Wacker Drive, Suite 5900

Street

Chicago	IL	60606
City	State	ZIP Code

Country

**Email or website address**

dentons.com

**Who made the payment, if not debtor?**

Wound Pros Management Group, Inc.

11.5 Verita Global (KCC)

10/18/2024

\$

35,000.00

**Address**

222 N. Pacific Coast Highway, 3rd Floor

Street

El Segundo	CA	90245
City	State	ZIP Code

Country

**Email or website address**

veritaglobal.com

**Who made the payment, if not debtor?**

Debtor: Global Wound Care Medical Group, a Professional Corporation

Case number *(if known)*: 24-34908

Name \_\_\_\_\_

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
12.1 _____		\$ _____	

**13. Transfers not already listed on this statement**

List any transfers of money or other property - by sale, trade, or any other means - made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1			\$ _____
<b>Address</b>			
Street _____ _____ _____			
City	State	ZIP Code	
Country _____			
<b>Relationship to Debtor</b>			

Name

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

 Does not apply

	<b>Address</b>	<b>Dates of occupancy</b>	
14.1	Street	From	To
	City	State	ZIP Code
	Country		

Name

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

 No. Go to Part 9. Yes. Fill in the information below.

Facility Name and Address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1 None Facility Name	The Debtor is a medical practice which provides wound care services.	
Street	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
City	Amazon Web Services	Check all that apply:
State		<input checked="" type="checkbox"/> Electronically
ZIP Code		<input type="checkbox"/> Paper
Country		

Name

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?** No. Yes. State the nature of the information collected and retained. Medical Records, including social security numbers

Does the debtor have a privacy policy about that information?

 No Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?** No. Go to Part 10. Yes. Does the debtor serve as plan administrator? No. Go to Part 10. Yes. Fill in below:

Name of plan	Employer identification number of the plan
17.1	EIN:

Has the plan been terminated?

 No Yes

Name

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1 Name Street City      State      ZIP Code Country	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
19.1 Name Street City      State      ZIP Code Country	Address _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor: Global Wound Care Medical Group, a Professional Corporation

Case number *(if known)*: 24-34908

Name \_\_\_\_\_

## 20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
---------------------------	-----------------------------------	-----------------------------	----------------------------

20.1

---

Name

No

Street

Yes

## Address

City

---

### State

ZIP Code

## Country

Name

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

 None

Owner's name and address	Location of the property	Description of the property	Value
21.1 Name _____ Street _____ _____ City _____ State _____ ZIP Code _____ Country _____			\$ _____

Name

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.****22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.** No Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
22.1	Name Street		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case Number			
		City	State
		ZIP Code	
		Country	

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?** No Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
23.1	Name Street		
City Street Country	City Street Country	City State ZIP Code	City State ZIP Code

Name

**24. Has the debtor notified any governmental unit of any release of hazardous material?** No Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
24.1 Name Street _____ City      State      ZIP Code	Name Street _____ City      State      ZIP Code		
Country	Country		

Name

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1 Name  Street  _____  City      State      ZIP Code  Country	EIN:  Dates business existed From _____ To _____	

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and Address	Dates of service
26a.1 Fahim Feroz - Associate Director of Finance and Corporate Taxation Name Address on file Street  _____  City      State      ZIP Code  Country	From 4/1/2023 To Present
26a.2 Ralph Cetrulo - CFO Name 2 West Market St Street  _____  West Chester      PA      19382 City      State      ZIP Code  Country	From 2024 To Present
26a.3 Stephen Weyler - Controller Name 2 West Market St Street  _____  West Chester      PA      19382 City      State      ZIP Code  Country	From 1/2/2024 To Present

Debtor: Global Wound Care Medical Group, a Professional Corporation

Case number (if known): 24-34908

Name

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

 None

Name and Address			Dates of service	
26b.1 UHY, LLP			From	4/1/2023
Name			To	12/31/2023
1185 Avenue of the Americas, 38th Floor				
Street				
New York	NY	10036		
City	State	ZIP Code		
Country				
26b.2 Wound Pros Management Group, Inc.			From	4/1/2023
Name			To	Present
5901 W Century Blvd, Suite 750				
Street				
Los Angeles	CA	90045		
City	State	ZIP Code		
Country				

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

 None

Name and address			If any books of account and records are unavailable, explain why	
26c.1 Fahim Feroz				
Name				
Address on file				
Street				
City	State	ZIP Code		
Country				
Name and address			If any books of account and records are unavailable, explain why	
26c.2 Ralph Cetrulo				
Name				
2 West Market St				
Street				
City	State	ZIP Code		
West Chester				
Country				

Name

**Name and address****If any books of account and records are unavailable, explain why**

26c.3 Stephen Weyler

Name

2 West Market St

Street

West Chester

PA

19382

City

State

ZIP Code

Country

**Name and address****If any books of account and records are unavailable, explain why**

26c.4 Wound Pros Management Group, Inc.

Name

5901 W Century Blvd, Suite 750

Street

Los Angeles

CA

90045

City

State

ZIP Code

Country

**Name and address****If any books of account and records are unavailable, explain why**

26c.5 UHY, LLP

Name

1185 Avenue of the Americas, 38th Floor

Street

New York

NY

10036

City

State

ZIP Code

Country

Name

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

**Name and address**

26d.1

Name

Street

City

State

ZIP Code

Country

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of Inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
	\$	
<b>Name and address of the person who has possession of inventory records</b>		
27.1		
Name		
Street		
City	State	ZIP Code
Country		

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and Nature of any interest	% of interest, if any
28.1 Ervin Fullwood	5901 W Century Blvd, Suite 750, Los Angeles, CA 90045	Secretary	
28.2 Owen B. Ellington, M.D.	Address on file	CEO/Equity Ownership	100%
28.3 Ralph Cetrulo	2 West Market St, West Chester, PA 19382	Chief Financial Officer	

Name

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

 No Yes. Identify below.

Name	Address	Position and Nature of any interest	Period during which position or interest was held
29.1			From _____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

 No Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 See SOFA Question 4 Name Street City _____ State _____ ZIP Code _____ Country _____			

**Relationship to debtor**

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

 No Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
31.1	EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

 No Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
32.1	EIN: _____

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/04/2024

MM / DD / YYYY

/ s / Ralph Cetrulo

Printed name Ralph Cetrulo

Signature of individual signing on behalf of the debtor

Position or relationship to debtor Chief Financial Officer

**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?**

No

Yes

## In re: Global Wound Care Medical Group, a Professional Corporation

Case No. 24-34908

Attachment 3

Certain payments or transfers to creditors within 90 days before filing this case

Creditor's name	Address 1	City	State	Zip	Date	Total amount or value	Reason for payment or transfer (e.g. Secured debt, Unsecured loan repayments, Suppliers or vendors, Services, or Other)
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	7/24/2024	\$26,629.01	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	7/24/2024	\$1,529,420.74	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	7/25/2024	\$948.12	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	7/25/2024	\$1,531.98	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	7/25/2024	\$772,963.10	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	7/26/2024	\$2,537.62	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	7/31/2024	\$626.49	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	8/7/2024	\$159,920.46	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	8/7/2024	\$988,705.90	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	8/8/2024	\$855.39	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	8/8/2024	\$5,125.17	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	8/8/2024	\$9,524.41	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	8/8/2024	\$451,210.08	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	8/9/2024	\$1,031.00	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	8/9/2024	\$2,776.25	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	8/9/2024	\$7,936.44	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	8/21/2024	\$1,750.00	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	8/21/2024	\$30,250.71	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	8/21/2024	\$1,527,913.39	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	8/22/2024	\$503.20	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	8/22/2024	\$770.75	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	8/22/2024	\$1,991.30	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	8/22/2024	\$801,152.34	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	8/26/2024	\$439.06	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	8/26/2024	\$2,252.19	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	9/4/2024	\$171,917.85	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	9/4/2024	\$972,416.34	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	9/5/2024	\$770.75	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	9/5/2024	\$434,227.06	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	9/13/2024	\$1,601.00	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	9/13/2024	\$2,901.99	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	9/13/2024	\$6,882.87	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	9/18/2024	\$19,521.30	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	9/18/2024	\$1,490,956.44	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	9/19/2024	\$770.75	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	9/19/2024	\$732,347.01	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	10/2/2024	\$159,937.11	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	10/2/2024	\$995,617.11	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	10/3/2024	\$770.75	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	10/3/2024	\$416,596.07	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	10/11/2024	\$1,096.00	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	10/11/2024	\$7,005.90	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	10/15/2024	\$26,121.73	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	10/17/2024	\$770.75	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	10/17/2024	\$162,606.35	Payroll and Payroll Taxes

## In re: Global Wound Care Medical Group, a Professional Corporation

Case No. 24-34908

Attachment 3

Certain payments or transfers to creditors within 90 days before filing this case

Creditor's name	Address 1	City	State	Zip	Date	Total amount or value	Reason for payment or transfer (e.g. Secured debt, Unsecured loan repayments, Suppliers or vendors, Services, or Other)
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	10/17/2024	\$418,716.32	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	10/17/2024	\$438,278.87	Payroll and Payroll Taxes
ADP	5355 Orangethorpe Ave	La Palma	CA	90623-1002	10/17/2024	\$1,071,076.29	Payroll and Payroll Taxes
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	7/22/2024	\$53.19	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	7/23/2024	\$6.48	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	7/24/2024	\$72.39	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	7/25/2024	\$27.59	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	7/25/2024	\$40.00	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	7/26/2024	\$2,123.84	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	7/29/2024	\$0.64	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	7/30/2024	\$166.52	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	7/31/2024	\$2.03	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	7/31/2024	\$28.50	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	8/1/2024	\$25.91	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	8/2/2024	\$306.46	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	8/5/2024	\$574.23	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	8/6/2024	\$3.20	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	8/7/2024	\$16.96	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	8/8/2024	\$27.78	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	8/9/2024	\$17.87	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	8/12/2024	\$1,504.56	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	8/13/2024	\$7.78	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	8/14/2024	\$2.32	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	8/15/2024	\$40.00	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	8/15/2024	\$407.98	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	8/16/2024	\$447.58	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	8/19/2024	\$884.86	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	8/20/2024	\$242.90	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	8/21/2024	\$3.05	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	8/22/2024	\$40.00	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	8/23/2024	\$93.76	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	8/23/2024	\$360.69	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	8/26/2024	\$3,456.46	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	8/27/2024	\$642.31	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	8/28/2024	\$372.41	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	8/29/2024	\$33.86	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	8/29/2024	\$40.00	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	8/30/2024	\$39.50	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	8/30/2024	\$334.01	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	9/3/2024	\$768.57	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	9/4/2024	\$141.77	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	9/5/2024	\$5.93	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	9/6/2024	\$1,375.10	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	9/9/2024	\$98.70	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	9/10/2024	\$32.28	Transaction Fees

## In re: Global Wound Care Medical Group, a Professional Corporation

Case No. 24-34908

Attachment 3

Certain payments or transfers to creditors within 90 days before filing this case

Creditor's name	Address 1	City	State	Zip	Date	Total amount or value	Reason for payment or transfer (e.g. Secured debt, Unsecured loan repayments, Suppliers or vendors, Services, or Other)
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	9/11/2024	\$157.35	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	9/12/2024	\$354.75	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	9/13/2024	\$387.00	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	9/16/2024	\$388.48	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	9/17/2024	\$17.83	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	9/18/2024	\$157.47	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	9/19/2024	\$36.18	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	9/20/2024	\$481.49	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	9/23/2024	\$204.03	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	9/24/2024	\$11.62	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	9/25/2024	\$260.03	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	9/26/2024	\$255.01	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	9/27/2024	\$48.04	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	9/30/2024	\$227.50	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	9/30/2024	\$329.96	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	10/1/2024	\$5.71	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	10/2/2024	\$1.52	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	10/3/2024	\$2.07	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	10/4/2024	\$504.46	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	10/8/2024	\$0.67	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	10/9/2024	\$254.41	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	10/11/2024	\$18.17	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	10/15/2024	\$22.45	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	10/18/2024	\$0.24	Transaction Fees
Wells Fargo	9511 N Sam Houston Pkwy E	Humble	TX	77396	10/18/2024	\$40.00	Transaction Fees
Wound Pros Management Group, Inc.	5901 W Century Blvd, Suite 750	Los Angeles	CA	90045	7/25/2024	\$10,000,000.00	Payment subject to Management Services Agreement
Wound Pros Management Group, Inc.	5901 W Century Blvd, Suite 750	Los Angeles	CA	90045	8/1/2024	\$20,000,000.00	Payment subject to Management Services Agreement
Wound Pros Management Group, Inc.	5901 W Century Blvd, Suite 750	Los Angeles	CA	90045	8/8/2024	\$13,000,000.00	Payment subject to Management Services Agreement
Wound Pros Management Group, Inc.	5901 W Century Blvd, Suite 750	Los Angeles	CA	90045	8/15/2024	\$18,000,000.00	Payment subject to Management Services Agreement
Wound Pros Management Group, Inc.	5901 W Century Blvd, Suite 750	Los Angeles	CA	90045	8/22/2024	\$14,000,000.00	Payment subject to Management Services Agreement
Wound Pros Management Group, Inc.	5901 W Century Blvd, Suite 750	Los Angeles	CA	90045	8/29/2024	\$20,000,000.00	Payment subject to Management Services Agreement
Wound Pros Management Group, Inc.	5901 W Century Blvd, Suite 750	Los Angeles	CA	90045	10/17/2024	\$650,000.00	Reimbursement of professional fees and retainers

## In re: Global Wound Care Medical Group, a Professional Corporation

Case No. 24-34908

Attachment 4

Payments or other transfers of property made within 1 year before filing this case that benefited any insider

Insider's name	Address 1	City	State	Zip	Date	Total amount or value	Reasons for payment or transfer	Relationship to debtor
Comprehensive Health Management (Owen Ellington)	Address on file				11/3/2023	\$5,250.00	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				11/17/2023	\$21,698.30	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				12/1/2023	\$5,250.00	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				12/15/2023	\$5,250.00	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				12/29/2023	\$23,475.53	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				1/12/2024	\$329.02	Expense Reimbursement	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				1/12/2024	\$3,150.00	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				1/26/2024	\$17,107.61	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				2/9/2024	\$5,250.00	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				2/23/2024	\$5,250.00	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				3/8/2024	\$1,100.57	Expense Reimbursement	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				3/8/2024	\$11,305.06	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				3/22/2024	\$26,333.40	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				3/29/2024	\$329.02	Expense Reimbursement	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				3/29/2024	\$3,150.00	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				3/29/2024	\$17,107.61	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				4/5/2024	\$5,250.00	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				4/19/2024	\$12,926.04	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				5/3/2024	\$5,250.00	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				5/17/2024	\$3,500.00	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				5/31/2024	\$19,448.74	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				6/14/2024	\$5,250.00	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				6/28/2024	\$28,736.03	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				7/12/2024	\$5,250.00	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				7/26/2024	\$18,879.01	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				8/9/2024	\$5,250.00	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				8/23/2024	\$23,232.77	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				9/6/2024	\$917.85	Expense Reimbursement	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				9/6/2024	\$5,250.00	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				9/20/2024	\$22,271.30	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				10/4/2024	\$5,250.00	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				10/18/2024	\$1,194.00	Expense Reimbursement	Chief Executive Officer/Equity Ownership (100%)
Comprehensive Health Management (Owen Ellington)	Address on file				10/18/2024	\$17,177.73	Payroll - Salary and Benefits	Chief Executive Officer/Equity Ownership (100%)